CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Mrs. Courtney NAME Date Received NICKNAME LAST SHEERY RECEIVED Spradley 4 CANDIDATE / ADDRESS / PO BOY APT / SUITE #: CITY STATE: ZIP CODE JUL 1 2 2022 **OFFICEHOLDER** 13507 Primula Court Cypress, TX 77429 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (713)882-3713 PHONE Amount \$ Receipt # 6 CAMPAIGN MS / MRS / MR FIRST 5.41 **TREASURER** Marlene Mrs. Date Processed NAME LAST NICKNAME SUFFIX Date Imaged Cogwin STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE CITY: 7 CAMPAIGN TREASURER **ADDRESS** (Residence or Business) **EXTENSION** AREA CODE PHONE NUMBER CAMPAIGN **TREASURER** PHONE REPORT TYPE 30th day before election 15th day after campaign Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Year Month Day COVERED 15 25 / 21 1 22 10 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Other Primary Runoff Day Description General Special 3 21 11 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Position 5, CFISD THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		16 Filer	ID (Ethics (Commission Filers)
TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		AN	\$	0.00
		3)	\$	0.00
3. TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.		\$	0.00
4. TOTAL POLITICAL EXPEND	ITURES		s 5	5,843.36
5. TOTAL POLITICAL CONTRIBUTOR REPORTING PERIOD	FIONS MAINTAINED AS OF THE LA	AST DAY	\$	0.00
		OF THE	\$	0.00
		rue and con	rect and inc	cludes all information
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	CATAG	rdlo	2	
	Signature of C	andidate o	r Oficehole	der
Please comp	lete either option belo	w:		
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ore me by	this the	9	day of	
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oath Printed name of offi	cer administering oath		Title of offic	er administering oath
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radlev		. 09-07	-1978	
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Event Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salanes/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Courtney Spradley 1 4 Date 5 Payee name 11/01/2021 Mammoth Marketing Group 6 Amount (\$) State: Zip Code 7 Payee address; City: Houston, TX 77401 4500 Bissonnett Street, Suite 370 5,384.24 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 emails, texts, phone calls consulting **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH position 5 Courtney Spradley Payee name Date The Burger Ranch 11/03/2021 City; State; Zip Code Amount (\$) Payee address; 16702 House and Hahl Cypress, TX 77433 274.35 Description Category (See Categories listed at the top of this schedule) Campaign watch party Event expense **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Courtney Spradley Position 5 Payee name Date Zip Code Amount (\$) Payee address; City; State; Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees O Food/Beverage Expense P By Gift/Awards/Memorials Expense P	oen Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME	lley	3 Filer ID (Ethics Commission Filers)		
4 Date 11/03/2021	5 Payee name The Burger Ranch				
6 Amount (\$) 184.77 Reimbursement from political contributions intended	7 Payee address; 16702 House and Hahl	Cypress, T	State; Zip Code X 77433		
8 PURPOSE OF EXPENDITURE	of Event Expense Campaign watch party		ch party		
	(c) Check if travel outside of Texas. Complete Schedu	le T. Check if Austin	, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Whadle	office sought POSITION.	Office held		
Date	Payee name ()			
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	lule) Description			
	Check if travel outside of Texas. Complete Schedu	le T. Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$) Reimbursement from	Payee address;	City;	State; Zip Code		
political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	ule) Description			
	Check if travel outside of Texas. Complete Schedul	eT, Check if Austin	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEED	DED		

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Comm	nission Filers)	2 Total pages filed:	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MYS. COUT NICKNAME Spra	they suffix	Date Received
4 ORIGINAL REPORT TYPE	30th day before election 15th	eeded modified reporting	Date Hand-delivered or Date Postmarked Receipt # Amount \$
5 ORIGINAL PERIOD COVERED	100/01	Month Day Year 1/15 / 2 2	Date Imaged
6 EXPLANATION OF CO I COVICE Math	on expenditur	asd Schedule G	and corrected
7 SIGNATURE I swe	ear, or affirm, under penalty of	perjury, that this corrected report i	s true and correct.
	ck ONLY if applicable:		
Semiannual mislead or to	reports: I swear, or affirm, that to misrepre-sent the information of	he original report was made in good footained in the report.	aith and without an intent to
Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Signature of Candidate/Officeholder			
	Please co	omplete either option below:	
(1) Affidavit			
NOTARY STAMP/SEA	L		
Sworn to and subscribed	before me by	this the	day of,
	which, witness my hand and seal of offi	ice.	
Signature of officer administe	oring oath Printed name	of officer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declarati	on		
My name is	rtney Stadle 7 Pranula Cour (street) S County, State of Tex	and my date of birth is	9-7-78
Remember To Atta	ch Any Part Of The Campaign I	Finance Report Form Needed To Re	eport And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT			FORM C/OH COVER SHEET PG 1	
The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)		2 Total pages filed		
3 CANDIDATE / OFFICEHOLDI	MS / MRS / M		MI	OFFICE USE ONLY
NAME	NICKNAME	Courtney LAST Spradley	SUFFIX	RECEIVED
4 CANDIDATE / OFFICEHOLDE MAILING ADDRESS	ADDRESS / P		TY: STATE: ZIP CODE 6, TX 77429	JUL 0 5 2022 BY:
Change of Addre		PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDS PHONE	(713)	882-3713		Receipt # Amount \$
6 CAMPAIGN	MS / MRS / MR		МІ	
TREASURER NAME	Mrs.	Marlene	SUFFIX	Date Processed
	NICKNAME	Cogwin		Date Imaged
7 CAMPAIGN TREASURER ADDRESS		ESS (NO PO BOX PLEASE); APT / SUIT	E #: CITY;	STATE, ZIP CODE
(Residence or Busine	AREA CODE	PHONE NUMBER	EXTENSION	
8 CAMPAIGN TREASURER PHONE	()			
9 REPORT TYPE	January	15 30th day before electrons		15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Mon 1	th Day Year / 15 / 22	THROUGH 7	Day Year 5 22
11 ELECTION	Month Da	y Year Primary	Runoff Other Description Special	
OFFICE	OFFICE HELD (if an	y)	13 OFFICE SOUGHT (if known) Position 5, CFISE)
NOTICE FROM POLITICAL	THE CANDIDATE / OFF	CEHOLDER. THESE EXPENDITURES MAY	HAVE REEN MADE WITHOUT THE CANDID	E BY POLITICAL COMMITTEES TO SUPPORT TE'S OR OFFICEHOLDER'S KNOWLEDGE OR Y RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASUR	ER NAME	
		COMMITTEE CAMPAIGN TREASUR	RER ADDRESS	
	1	GO TO PAG	GE 2	

FORM C/OH CANDIDATE / OFFICEHOLDER COVER SHEET PG 2 **CAMPAIGN FINANCE REPORT** 16 Filer ID (Ethics Commission Filers) 15 C/OH NAME TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 17 CONTRIBUTION 0.00\$ PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR TOTALS CONTRIBUTIONS MADE ELECTRONICALLY) 0.00TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 0.00**EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE TOTALS 0.00TOTAL POLITICAL EXPENDITURES 0.00TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY CONTRIBUTION BALANCE OF REPORTING PERIOD TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OUTSTANDING LAST DAY OF THE REPORTING PERIOD LOAN TOTALS I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code: Signature of Candidate or officeholder Please complete either option below: HOLLY A REICHERT NOTARY PUBLIC STATE OF TEXAS (1) Affidavit MY COMM. EXP. 01/28/2026 NOTARY ID 673424-2 NOTARY STAMP/SEAL Sworn to and subs ess now hand and seal of office. Printed name of officer administering oath OR (2) Unsworn Declaration , and my date of birth is My name is My address is _ (street) (zip code) (country) Executed in _____ County, State of _____, on the ____ (month) (year) Signature of Candidate/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

D.	SIGNATION OF FINAL REPORT
	The Instruction Guide explains how to complete this form.
	Complete only if "Report Type" on page 1 is marked "Final Report"
- 1	OUT-THEY Spradley ATURE 2 Filer ID (Ethics Commission Filers)
desig	not expect any further political contributions or political expenditures in connection with my candidacy. I understand that gnating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any saign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder
FILE	R WHO IS NOT AN OFFICEHOLDER Implete A & B below only if you are not an officeholder. **
A	CAMPAIGN FUNDS
Che	ack oply one:
1	I do not have unexpended contributions or unexpended interest or income earned from political contributions.
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filling this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
B.	ASSETS
C L.	ck opty one:
D	I do not retain assets purchased with political contributions or interest or other income from political contributions.
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
	CEHOLDER
Co	mplete this section only if you are an officeholder **
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
	Signature of Officeholder